1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): VA-501 - Norfolk/Chesapeake/Suffolk/Isle of Wright, Southampton Counties CoC

CoC Lead Agency Name: The Planning Council

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Southeastern Virginia Homeless Coalition

Indicate the frequency of group meetings: quarterly (once each quarter)

If less than bi-monthly, please explain (limit 500 characters):

The Southeastern Virginia Homeless Coalition (SVHC) was established as a result of the recent HUD approved merger which occurred on 7/21/11. SVHC is inclusive of 3 major homeless associations including the NHC, CCH, and WTCCC. Collectively, the 113 member organizations of the SVHC work to address homelessness across 1,700sq miles of land and 6 jurisdictions including Norfolk, Chesapeake, Suffolk, Franklin, Isle of Wight County and Southampton County. Members of the coalition continue to attend monthly meetings of the NHC, CCH and WTCCC and all CoC funded agencies meet bi-monthly during the CoC Committee meeting.

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 61%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	
Assigned:	X
Volunteer:	X
Appointed:	X
Other:	X

Specify "other" process(es):

Membership Dues

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

The Southeastern Virginia Homeless Coalition works to engage individuals, groups, and organizations throughout the community including faith partners and members of the private sector that provide services to persons experiencing homelessness or have an interest in the process. Persons who have experienced homelessness are also encouraged to attend meetings or join subcommittees. Individuals and agencies may become voting members of the Southeastern Virginia Homeless Coalition by paying dues through either the Norfolk Homeless Consortium, Chesapeake Coalition for the Homeless or Western Tidewater Continuum of Care Council. Membership allows each individual member and/or agency one vote in the decision making process.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	X
Assigned:	
Volunteer:	X
Appointed:	X
Other:	

Specify "other" process(es):

If administrative funds were made available to the CoC, will the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring? Explain (limit to 750 characters):

The Planning Council (a501(c)(3) organization) currently acts as the Lead Agency for the Norfolk/Chesapeake/Suffolk/Isle of Wight/Southampton Counties CoC and as the fiscal agent for both the Norfolk Homeless Consortium and the Chesapeake Coalition for the Homeless, with the capacity to continue to act as both for the CoC if additional administrative funds are provided. The NHC, CCH and WTCCC also utilize grant funds to support a CoC Coordinator through The Planning Council. If awarded administrative funds, the newly merged SVHC would move forward with establishing a Unified Funding Agency to satisfy the role of grantee, provide project oversight, and monitoring.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Southeastern Virginia Homeless Coalition (SVHC)	SVHC will be the authorizing body responsible for the development, support and coordination of a comprehensive CoC for homeless citizens of the six jurisdictions, Norfolk, Chesapeake, Suffolk City, Franklin City, Isle of Wight Co., and Southampton Co. In an effort to move the region's homeless population toward self-sufficiency and ultimately to eliminate homelessness, members of the coalition actively participate in several committees including the NHC, CCH, WTCCC and NCWTCOC. The Coalition coordinates efforts among the CoCs for discharge planning, point-in-time count coordination, 10 year plan coordination, disaster planning and regional gap analysis in housing and support service.	quarterly (once each quarter)
Norfolk Homeless Consortium (NHC)	The NHC develops, sustains and coordinates services for the homeless citizens of the City of Norfolk in order to move the homeless population toward self-sufficiency and support the elimination of homelessness throughout the region. The Consortium commits to supporting the goals of the Continuum of Care through several committees: Continuum of Care Committee, Single Adults Committee, Families/Central Intake Committee, Employment Taskforce, Healthcare Committee, Ranking Committee, and HMIS Committee. Members of the Consortium also work with the City of Norfolk Office to End Homelessness to provide disaster planning and monitoring of discharge planning policies.	Monthly or more
Chesapeake Coalition for the Homeless (CCH)	The CCH develops, sustains and coordinates services for the homeless citizens of the City of Chesapeake in order to move the homeless population toward self-sufficiency and support the elimination of homelessness throughout the region. The Coalition works to assess current homeless needs and trends, develop annual priorities, plan events, monitor political trends that impact homelessness, and provide narrative for the Consolidated Action and Strategic Plans and the Consolidated Annual Performance and Evaluation Report. The CCH includes several committees that work to support the goals of the Continuum of Care including the General Operations Committee, Point-in-Time Committee and Project Homeless Connect Committee.	Monthly or more

Western Tidewater Continuum of Care Council (WTCCC)	The WTCCC develops, sustains and coordinates comprehensive service delivery for the homeless citizens of the four jurisdictions, Suffolk City, Franklin City, Isle of Wight Co., and Southampton Co., in order to move the homeless population toward self-sufficiency and support the elimination of homelessness throughout the region. The WTCCC includes several committees, including HMIS/Data Collection, Continuum of Care Committee, Project Homeless Connect Committee, and Employment Taskforce.	Monthly or more
Continuum of Care Committee (NCWTCOC)	The CoC Committee assures adherence to HUD changes and develops protocols for project review and selection, while ensuring the effective communication and achievement of the goals established by the Continuum of Care. The committee is responsible for the completion of the Exhibit 1 application, conducting gap analysis in housing services, Standards of Care review, communicating with other committees to ensure effective communication and achievement of the goals established by the Continuum of Care, and coordinating the 10-years plans of each locality.	Bi-monthly

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

[Organization Name starts with 'S']

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
Social Security Administration	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Samaritan House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Star Witness	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Columba Ecumenical Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Sacred Heart Catholic Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Sentara Norfolk General Hospital	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
South Hampton Roads Habitat for Humanity	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Second Chances	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Suffolk Redevelopment and Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Southampton County, Department of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Suffolk Christian Outreach	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Sentara Obici Hospital	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Suffolk Partnership for a Healthy Community	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Social Security Administration
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Other
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Samaritan House

Type of Membership: (public, private, or individual) Private Sector

Type of Organization: (Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization: (select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: (No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: (select all that apply) Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Legal Assistance, Transportation, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Star Witness

Type of Membership: (public, private, or individual) Private Sector

Type of Organization: (Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization: (select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: (No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: (select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	St. Columba Ecumenical Ministries
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Utilities Assistance, Life Skills, Healthcare, Prescription Assistance, Transportation, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Sacred Heart Catholic Church
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Soup Kitchen/Food Pantry

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Sentara Norfolk General Hospital
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Hospitals/med representatives
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: South Hampton Roads Habitat for Humanity

Type of Membership: (public, private, or individual) Private Sector

Type of Organization: (Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization: (select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: (No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: (select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Second Chances
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Suffolk Redevelopment and Housing Authority

Type of Membership: (public, private, or individual) Public Sector

Type of Organization: (Content depends on "Type of Membership" selection) Public housing agencies

Role(s) of the organization: (select all that apply) Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: (No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: (select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Southampton County, Department of Social Services
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Suffolk Christian Outreach
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Faith-based organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Sentara Obici Hospital
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Suffolk Partnership for a Healthy Community
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Not Applicable

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):

1F. Continuum of Care (CoC) Housing Inventory Count--Change in Beds Available

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

The restructuring of Union Missions programs to include a transitional housing program, decreased the number of year-round emergency shelter beds available and increased the number of transitional housing beds available for single adults by 50 beds. Additionally, the Continuum increased the number of Emergency Shelter beds available for households with children by 47 beds with the addition of beds at the Suffolk House and the opening of the Union Mission Families Shelter.

HPRP Beds: Yes

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):

The number of HPRP beds decreased significantly as communities began preparing for the discontinuation of HPRP funds by reallocating funds from prevention to rapid re-housing, focusing on ending homelessness by rapidly exiting singles and families from shelters to permanent housing.

Safe Haven: Not Applicable

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Not Applicable

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

The opening of a new Transition in Place program at the YWCA and the new Transitional Housing Program at Union Mission resulted in an increase of 46 transitional housing beds for both single adults and households with children.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

The Continuum recognized an increase of 54 permanent housing beds on the 2011 Housing Inventory Chart, including 24 new beds for the chronically homeless and 20 new beds for veterans. Norfolk¿s Shelter plus Care program continues to convert family units into single units, causing a decrease in family beds but an increase in single beds for the chronically homeless.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by May 31, 2011? Yes

If no, briefly explain why the HIC data was not submitted by May 31, 2011 (limit 750 characters).

Indicate the type of data sources or methods used to complete the housing inventory count: (select all that apply) HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply) Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, HUD unmet need formula, HMIS data, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

Members of the Norfolk Homeless Consortium (NHC), Chesapeake Coalition for the Homeless (CCH) and Western Tidewater Continuum of Care Council (WTCCC) utilized the 2011 Point in Time results, Housing Inventory Request Forms, HMIS and the HUD Unmet need formula to guide discussion and reach a consensus on the unmet need in each locality.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS: (select all that apply)	VA-501 - Norfolk CoC, VA-519 - Suffolk CoC, VA-512 - Chesapeake CoC, VA-508 - Lynchburg CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	Yes
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	Service Point
What is the name of the HMIS software company?	Bowman Systems, Inc.
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	02/01/1999
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate bed coverage for AHAR participation, No or low participation by non-HUD funded providers

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

New users received training and technical support throughout transition. Additionally, agencies included on the Housing Inventory Chart but not reporting in HMIS, or using the system frequently, negatively affect data quality and impact the CoCs participation in the AHAR. The HMIS administrator is now running quarterly AHAR reports and addressing errors and empty data points. HMIS coverage for emergency shelters remains low, because Union Mission, the largest emergency shelter in Norfolk, does not utilize HMIS. Union Mission is a faith-based organization, that is not currently receiving federal funding and struggles with finding the capacity to implement HMIS. The Continuum of Care will work with Union Mission to export data from their new system, Human Service Evaluation and Reporting Tool (H.E.A.R.T.) Family Software.

2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	The Planning Council
Street Address 1	5365 Robin Hood Road
Street Address 2	Suite 700
City	Norfolk
State	Virginia
Zip Code **Format: xxxxx or xxxxx-xxxx**	23513
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

*** Emergency Shelter (ES) Beds**	0-50%
*** Safe Haven (SH) Beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	76-85%

How often does the CoC review or assess its HMIS bed coverage? At least Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

Although the merging of the new CoC increased the number of year-round emergency shelter beds covered in HMIS, the Continuum still reports a bed coverage rate between 0-64% for year-round emergency shelter beds. Union Mission is the largest non-CoC funded emergency shelter provider in the Continuum of Care. Although Union Mission is an active member of the Southeastern Virginia Homeless Coalition and the Norfolk Homeless Consortium, their non-participation in HMIS decreases the CoCs emergency shelter HMIS bed coverage percentage. Union Mission recently started using the Human Service Evaluation and Reporting Tool (H.E.A.R.T.) Family Software, created by Software Application Services, Inc., specifically for social service organizations with an emphasis on rescue missions. Union Mission plans to utilize an HMIS Export Module to export HUD Universal Data Elements to the Continuums HMIS system. As a result, the Continuum of Care will have full year-round emergency shelter bed coverage in HMIS. The CoC and the HMIS System Administrators will work with Union Mission to begin data exports, while continuing to stress the importance of having all providers contribute to the overall picture of homelessness in our community. The City of Norfolk has also required that all Emergency Solutions Grant (ESG) and Homeless Service Community Development Block Grant (CDBG) grantees participate in HMIS, beginning with awards from the FY2011 allocation.

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	2%
* Date of Birth	1%	0%
* Ethnicity	1%	2%
* Race	1%	1%
* Gender	1%	0%
* Veteran Status	3%	2%
* Disabling Condition	2%	2%
* Residence Prior to Program Entry	2%	1%
* Zip Code of Last Permanent Address	4%	16%
* Name	0%	0%

How frequently does the CoC review the quality of program level data? At least Monthly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

HMIS System Administrators create client listings, null data value, and data quality exception reports using the Advanced Reporting Tool (ART). CoC-funded agencies receive monthly reports and non-CoC funded agencies receive reports quarterly. The system administrator reviews percentages of null values for agencies and works with agency staff to improve data quality. Data quality reports are reviewed by the CoCs HMIS Committee for quality to ensure continued improvement. Recent changes to the system allow programs to enter partial zip codes for clients who cannot remember the zip code of their last permanent address. System changes will help to improve data quality for zip code of last permanent address.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

All HMIS providers undergo training and sign a participation agreement that emphasizes data quality. Additionally, the Norfolk Homeless Consortium¿s Standards of Care (Section F. Data Collection and HMIS) provides Norfolk agencies with policies and procedures for HMIS users. According to the Standards of Care, all agencies must accurately enter all of the required HMIS data by the 15th working day of the month following the end of the preceding quarter. Each agency is required to have a Quality Assurance plan in place and a monthly verification that data was entered accurately and by the 15th working day of the month following the end of the preceding quarter. A file review confirms that this has been completed.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)	2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)	2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	At least Annually
Point-in-time count of sheltered persons:	At least Annually
Point-in-time count of unsheltered persons:	At least Annually
Measuring the performance of participating housing and service providers:	At least Annually
Using data for program management:	At least Annually
Integration of HMIS data with data from mainstream resources:	Never

2F. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

*** Unique user name and password**	**At least Monthly**
*** Secure location for equipment**	At least Annually
*** Locking screen savers**	At least Annually
*** Virus protection with auto update**	At least Annually
*** Individual or network firewalls**	At least Annually
*** Restrictions on access to HMIS via public forums**	At least Monthly
*** Compliance with HMIS Policy and Procedures manual**	At least Annually
*** Validation of off-site storage of HMIS data**	At least Annually

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Monthly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Semi-annually

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 07/07/2011

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

*** Privacy/Ethics training**	At least Monthly
*** Data Security training**	At least Monthly
*** Data Quality training**	At least Monthly
*** Using Data Locally**	At least Semi-annually
*** Using HMIS data for assessing program performance**	At least Annually
*** Basic computer skills training**	At least Monthly
*** HMIS software training**	At least Monthly

2H. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

How frequently does the CoC conduct a point-in-time count? annually (every year)

***Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/27/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/26/2012

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 100%

Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

The Regional Taskforce to End Homelessness worked to align the count and survey forms for each city in the region to ensure that each city was using a similar methodology. Overall, the newly merged CoC identified 649 persons as being homeless during the 24-hour count period. Of those 550 persons were sheltered. The reopening of closed beds for families and the inclement weather forced several individuals to seek emergency and winter shelter on the night of the count, resulting in an increase in the sheltered population in both Norfolk and Western Tidewater and a decrease in the unsheltered homeless population in Chesapeake and Western Tidewater. Providers in Chesapeake and Western Tidewater believe that the inclement weather forced many of the homeless to seek temporary shelter in the larger neighboring jurisdictions, including Norfolk. Inclement weather also forced many of the homeless to seek temporary shelter with friends and families the night of the count, prohibiting them from being counted, even though they indicated that they had been in and out of homelessness for long periods of time. Across the Continuum, providers continue to report an increase in request for services and shelter, noting that those experiencing homelessness are having difficulty exiting shelters due to fewer jobs and decreased hours in marginal employment settings.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe the methods used by the CoC, as indicated by the above selected method(s), to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters):

The Regional Taskforce to End Homelessness worked to align the count and survey forms for each city in the region to ensure that each jurisdiction was conducting the count at the same time using a similar methodology. All sheltered persons; either housed in emergency, winter or transitional shelter locations, were either entered directly into HMIS or surveyed on the day of the count. Survey data was entered into a Microsoft Access database for shelters that do not participate in HMIS and exported to Microsoft Excel along with HMIS client data. Unique identifiers assigned to each person interviewed ensured the quality of data collected and allowed for duplication checks in order to produce an accurate sheltered population count.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons and, with the exception of chronically homeless and veterans, optional for unsheltered persons. Sheltered chronically homeless persons are those living in emergency shelters only.

The definition of chronically homeless persons is an unaccompanied invididual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Interviews:	X
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

All sheltered persons; either housed in emergency, winter or transitional shelter locations, were either entered into HMIS or surveyed on the day of the count. Onsite interview teams inclusive of PATH workers, case managers, outreach specialists and homeless service providers, were trained and dispatched to emergency and winter shelters to conduct interviews and provide provider expertise. Survey data was entered into a Microsoft Access database for shelters that do not participate in HMIS and exported to Microsoft Excel along with HMIS client data and checked for duplicates in order to produce an accurate count and substantiate sheltered subpopulation data. There were some people who refused to be counted, who were unable to be counted because they were asleep, or who did not present for services that day and were not counted.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Indicate the method(s) used to verify the data quality of sheltered homeless persons:
(select all that apply)

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

A comparison was made of interview forms from both sheltered and unsheltered homeless persons with unique client identifiers to eliminate any duplicates and ensure that all homeless persons identified in the final count correspond with the HUD definition of homeless.

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response is to indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

All sheltered persons; either housed in emergency, winter or transitional shelter locations, were either entered into HMIS or surveyed on the day of the count. Onsite interview teams were trained and dispatched to emergency and winter shelters to conduct interviews and provide provider expertise. Survey data was entered into a Microsoft Access database for shelters that do not participate in HMIS and exported to Microsoft Excel along with HMIS client data and checked for duplicates in order to produce an accurate count and substantiate sheltered subpopulation data.

2L. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons: (select all that apply)

Public places count:	
Public places count with interviews:	X
Service-based count:	X
HMIS:	X
Other:	

If Other, specify:

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).

The Regional Taskforce to End Homelessness worked to align the count and survey forms for each city in the region to ensure that each jurisdiction was conducting the count at the same time using a similar methodology. Interview teams inclusive of PATH workers, case managers, outreach specialist and homeless service providers were trained and dispatched to interview homeless individuals in public places and homeless services sites. Survey data was entered into HMIS and exported to Microsoft Excel along with client data collected on the sheltered population. Unique identifiers assigned to each person interviewed ensured the quality of data collected and allowed for duplication checks in order to produce an accurate unsheltered population count.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count:
(select all that apply)

Training:	X
HMIS:	X
De-duplication techniques:	X
"Blitz" Count:	
Unique Identifier:	X
Survey Question:	X
Enumerator Observation:	
Other:	

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

Survey data was entered into HMIS and exported to Microsoft Excel along with client data collected on the sheltered population. Unique identifiers assigned to each person interviewed ensured the quality of data collected and allowed for duplication checks in order to reduce the occurrence of counting unsheltered homeless persons more than once during the unsheltered population count.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

The City of Norfolk Department of Human Services (NDHS) has served as the Central Intake for homeless families in Norfolk since January 2007 through the Homeless Action Response Team (HART). Families that present at Central Intake are assessed to determine if the family is best served through prevention, shelter placement or rapid re-housing. The City of Chesapeake recently developed a Central Intake/Rapid Exit plan similar to the Norfolk Central Intake system that places homeless families with dependent children immediately into permanent housing. Chesapeake also conducts an annual Project Homeless Connect event, affording homeless families the opportunity to access housing, benefits, medical care, employment and host of other support services. Additionally, several emergency and transitional shelter programs across the continuum have adopted the rapid re-housing model in an effort to decrease the length of homelessness and effectively respond to the diverse needs of homeless families. Recently the Suffolk House transitioned its emergency shelter to a rapid re-housing program offering hotel vouchers to ensure accessibility of shelter and services for homeless families across Western Tidewater. During the summer months the continuum focused on improving customer service at local Homeless Hotlines and increased outreach efforts at hotels and motels focusing on preventing families residing in hotels and motels from becoming homeless by exiting them to permanent housing.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

The continuum works closely with homeless service providers, police and sheriff's departments, hospitals, schools, jails and others that may come in contact with homeless persons or families to identify and engage persons that routinely sleep on the streets. Additional efforts include summer hydration outreach services and winter hypothermia shelters to identify those not engaged, as well as outdoor scans to encourage persons to seek shelter on cold or wet evenings. The NHC also partners with the City¿s Office to End Homelessness to identify a number of homeless individuals routinely sleeping on the streets through semi-annual Project Homeless Connect events. Norfolk has hosted a total of ten (10) one day events focused on providing single homeless adults with access to housing, benefits, medical, dental, employment, legal aid and host of other services to aid in ending their homelessness. Norfolk also developed an ad-hoc street outreach team with support from VSH, ACCESS AIDS Care, NDHS, NCSB-PATH, and HPRP to engage those sleeping outdoors in the process of applying for housing including: Housing First, SRO, Elderly/Disabled Housing, Public Housing, Section 8, and HPRP. The team has been effective in increasing housing for those who don¿t typically engage traditional homeless services. The newly merged CoC has increased capacity to identify, engage, and house persons that routinely sleep on the street or other places not meant for human habitation.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

How many permanent housing beds are currently in place for chronically homeless persons?	161
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	176
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	181
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	190

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

Heron¿s Landing - Virginia Supportive Housing and the Regional Taskforce to End Homelessness will initiate the construction of Heron¿s Landing, the fourth regional SRO located in Chesapeake. The new SRO will create a total of 42 new permanent housing beds, including 5 new beds for persons that meet HUDs definition of chronically homeless and designated beds for veterans.

Legacy Expansion II- ForKids will provide an additional ten(10) units of Permanent Supportive Housing in Norfolk and Chesapeake for chronically homeless families with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year or has had at least four episodes of homelessness in the past three years.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

Regional SROs- The Regional Taskforce to End Homelessness will work to develop additional regional SROs for the chronically homeless. Each SRO is 60 units with some units designated for the chronically homeless.

100,000 Homes for 100,000 Homeless Americans- The South Hampton Roads Regional Taskforce will lead the region in the participation of the 1,000 Homes for 1,000 Virginians statewide initiative to count and increase housing stability for the most vulnerable individuals experiencing homelessness in South Hampton Roads. The initiative will work with community advocates, business leaders and homeless service providers to identify, prioritize and secure permanent housing resources for the chronic and vulnerable homeless population.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicted on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?	93
In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	94
In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	95
In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	96

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

Staff Training- the CoC Coordinator will offer training on engagement, case management strategies and accessing mainstream resources to ensure that the Continuum continues to surpass the 77 percent baseline established by HUD.
Prevention and Stabilization Services- ForKids will continue to implement homeless prevention and housing stabilization services for families who have been placed in permanent housing with in-home case management.
HUD-VASH Program- Veterans Affairs will continue to make certain that those veterans housed through the HUD-VASH programs have case management services that promote and maintain recovery and housing stability.
Housing First and SRO- Virginia Supportive Housing will continue to offer on-site case management services for residents residing in SROs at Gosnold, Cloverleaf and South Bay. VSH will also continue focusing on moving the most tenuous single adults living on the street into stable housing and providing aftercare to ensure housing stability.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

Veterans Services- Veterans Affairs will work to improve housing stability among veterans by providing more support services to veterans through partnerships with the Continuum to prevent homelessness, improve employability, and increase independent living, as stated in the Five Year Plan to End Homelessness among Veterans.
Performance Evaluation- the CoC Committee will work to streamline services and use common tools to improve permanent housing outcomes across the continuum as recommended in the 2010 Regional Needs Assessment. The committee will promote the implementation of housing focused case management across all Continuum programs to improve housing outcomes.
Central Intake for Families- the Central Intake Committee will continue to diversify funding connected to serving families by seeking additional funding sources with long term potential that support the advancement of in-home case management services to ensure housing stabilization for chronically homeless families.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional lousing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on from 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 77

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 80

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 85

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

Affordable Housing Inventory- the Housing Broker Team will continue expanding the affordable housing inventory for low barrier housing for rapid placement into permanent housing to increase the number of homeless persons moving from transitional housing to permanent housing.
Training and Education- ForKids will continue to offer classes for future tenants on how to be a great tenant, tenant laws, and conflict resolution to ensure a promising transition into permanent housing. Additionally, Our House Families will continue to provide life skills training to all persons living in transitional housing to help residents stabilize so that they will be able to live independently once they exit.
Transition in Place- As recommended by the regional needs assessment, ForKids and the YWCA will continue the implementation of transition in place programs that will allow residents to maintain stable housing as rental subsidies declined or are replaced by permanent subsidies.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters):

Staff Training: the CoC Coordinator will continue to offer training to staff on case management strategies to increase independent living skills for clients living in transitional housing through education, financial management, securing employment and linkage with mainstream benefits, all in an effort to insure that the CoC continues to exceed HUD¿s expectation to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Performance Evaluation- the CoC Committee will work to streamline services and use common tools to improve permanent housing outcomes across the continuum as recommended in the 2010 Regional Needs Assessment. The committee will promote the implementation of housing focused case management across all Continuum programs to improve housing outcomes.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 29

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 32

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 35

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 40

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

Job Skills Training- The Virginia Employment Commission (VEC) and the Employment Taskforce will continue to directly assist clients in job skills training, interviewing and securing and retaining employment.

Employment Connect- The Employment Taskforce and the City of Norfolk¿s Office to End Homelessness will continue hosting annual Employment Connect events, providing individuals with job search and retention skills, resumes, and interview techniques along with access to employers.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit to 1000 characters):

Job Development- The Virginia Employment Commission (VEC) and the Employment Taskforce will work together to develop strategies to help the homeless population increase their income through employment and foster relationships with the business community to encourage job development opportunities for homeless individuals.
Employer Relations- the Employment Taskforce will work to make certain that the CoC continues to exceed HUDs expectations for persons employed at program exit by assisting agencies in increasing and developing relationships with traditional as well as temporary employers by gaining access to employers through trainings, job fairs, chamber of commerce meetings and other venues that employers frequent.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 61

In 12 months, what will be the total number of homeless households with children? 59

In 5 years, what will be the total number of homeless households with children? 50

In 10 years, what will be the total number of homeless households with children? 40

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters):

Legacy Expansion II- ForKids will provide an additional ten(10) units of Permanent Supportive Housing in Norfolk and Chesapeake for chronically homeless families with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year or has had at least four episodes of homelessness in the past three years.

Housing Retention- the Continuum of Care Committee will work with family service providers to improve family prevention services and shelter diversion practices, while also working to ensure that 75% of homeless families placed in permanent housing remain housed at 12 months post-assistance.

Families Working Group- The Central Intake/Families Committee will continue to convene the CHAT Team, a working group of family homeless service providers, public school liaisons, Child Protective Services, and others staff to facilitate and/or expedite the coordination of services for homeless families with children.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters):

Prevention/Rapid Re-Housing- The Central Intake and Families Committee and City Officials will work to develop means to replace HPRP funding in an effort to ensure that families have access to rapid re-housing, prevention and associated case management services to reduce the number of homeless families and reduce the length of stay for families with children in emergency shelter.

Permanent Housing- the Continuum of Care Committee will work with the Regional Taskforce to End Homelessness to assess the recommendations from the regional needs assessment presented in March 2010 to focus on the development of regional family permanent supportive housing units over the next 5 years and provide housing focused case management to improve housing outcomes.

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).

Foster Care (Youth Aging Out):

Virginia Department of Social Services (VDSS) developed a service plan policy for children with legal goals of independent living. Local Departments of Social Services (LDSS) Social Workers are required to develop a Transitional Living Plan to submit with the Foster Care Service Plan for children outlining how the child will learn to house, feed and economically support him/herself and what LDSS services are needed for a successful transition to adulthood.
Locally, the Chesapeake Dept. of Social Services, the Norfolk Dept. of Human Services and participating departments of social services in Western Tidewater work to identify foster care children that have been emancipated, including being discharged, to find suitable housing and appropriate services pursuant to the Virginia Foster Care Policy to prevent Youth Aging Out of Foster Care from being referred to McKinney-Vento funded projects. Additionally, The Norfolk Dept. of Human Services (NDHS) adopted a policy that requires the Department to develop an independent living plan for all children 16 and older, known as the Daniel Memorial Transitional Plan, and to provide housing assistance as needed. SVHC members receive training on foster care discharge planning, to assure participating agencies are informed of the discharge policies.

Health Care:

The Veterans Affairs Medical Center is the only publically funded healthcare institution that serves the Norfolk, Chesapeake and Western Tidewater community. The VA Medical Center works extensively with patients to ensure that they are not discharged into homelessness absent a formal policy or protocol. VA representatives are active participate on each of the Southeastern Virginia Homeless Coalition¿s homeless associations including the Norfolk Homeless Consortium (NHC), the Chesapeake Coalition for the Homeless and the Western Tidewater Continuum of Care Council (WTCCC). VA representatives also work with each community to increase communication and coordinate service delivery for veterans experiencing homelessness.
Both the Hampton Roads Community Health Center and the Western Tidewater Free Clinic serve homeless person and families; however they do not have inpatient beds and do not discharge patients, so a discharge policy is not necessary. Homeless persons that receive services at Chesapeake General Hospital have discharge planners that work closely with the nursing staff and patients to ensure that the City Resource Sheet is provided to all persons leaving the hospital with unidentified housing. SVHC members receive training on health care discharge planning, to assure participating agencies are informed of the discharge policies.

Mental Health:

Each year the Virginia Department of Behavioral Health and Developmental Services, in coordination with the local Community Services Boards (CSB) develop a Performance Contract that allows the state to provide funding to the CSBs. The Performance Contract identifies CSBs as being treated as State Facilities and specifically states that individuals may not be discharged to homeless facilities or to the streets. The CSBs must identify appropriate living arrangements for consumers, and appropriate living arrangements do not include HUD McKinney-Vento funded programs. Additionally, the discharge policies of the Commonwealth of Virginia provide for both local case managers and state facilities staff to begin discharge planning when an individual is admitted to a state facility. A designated case manager from the local CSBs provide discharge planning services to those individuals hospitalized in state psychiatric facilities and assists with all related discharge related activities aimed at ensuring successful transition back into the community and preventing homelessness. Qualified mental health providers provide all services. SVHC members receive training on mental health discharge planning, to assure participating agencies are informed of the discharge policies.

Corrections:

The Virginia Department of Corrections (DoC) issued protocols in 2005 to include housing needs in discharge plans. The DoC directs inmates to the Probation and Parole District from which they were sentenced upon release, to assist with housing needs. The District then uses any available local resource or a contract Community Residential Program (halfway house) if the inmate meets admission criteria. Districts have limited emergency assistance funds for those that do not meet admission criteria. The DoC currently has transitional homes for inmates coming out of the system, along with contract beds across the state for inmates without placement. The Correctional Counselors are required to do a home plan for each inmate as soon as he or she is in the system. Also, if they do not have a placement then the Correctional Counselor is required to make provision in the local community. Staff members from all of the correctional facilities participate in local homeless associations and provide information on sheltering and strategies to prevent homelessness upon release. SVHC members receive training on corrections discharge planning, to assure participating agencies are informed of the discharge policies.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: 1)Develop a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs assessment).
2)Eliminate chronic homelessness. This should include a strategy for helping homeless persons make the transition to permanent housing and independent living.
3)Help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.
4)Prevent homelessness for at-risk families and individuals.
5)Identify new public and private funding opportunities to expand permanent housing opportunities for homeless individuals and families residing in emergency shelters or transitional housing or those receiving supportive services.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The three homeless associations that makeup the SVHC; the Norfolk Homeless Consortium (NHC), Chesapeake Coalition for the Homeless (CCH) and the Western Tidewater Continuum of Care Council (WTCCC), are all active partners in the implementation of HPRP in their respective jurisdictions and led the charge in the utilization of HPRP to assist more than 1,066 households and 2,817 person across the jurisdictions.
The City of Norfolk was awarded $2,097,079 in HPRP funds administered through the Office to End Homelessness (OTEH) an active member of the SVHC. OTEH worked through the NHC to provide input on the development and implementation of the program and continues to collaborate with the NHC on adjustments and improvements to the program.
The City of Chesapeake was awarded HPRP funding in the amount of $507,406. In addition the City also received a two-year $500,000 private grant focused on ending family homelessness, which was combined with HPRP funds to create a Central Intake for Families. The CCH participated in the application review and amendment process for HPRP programs. Members of the CCH were also afforded the opportunity to participate in the RFP process to provide services to the clients under HPRP.
The WTCCC coordinated the two HPRP applications that covered the geographic area of Western Tidewater. The City of Suffolk and Isle of Wight County served as the two lead applicants. HPRP providers present monthly reports to the WTCCC.

Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

Many of the Continuum of Care funded and member agencies of the Southeastern Virginia Homeless Coalition receive American Reinvestment and Recovery Act (ARRA) funding totaling over $7.6 million in funding across all jurisdictions under the CoC. The funding includes over $2.3 million in Neighborhood Stabilization funds, over $3.4 million in Homeless Prevention and Rapid Re-Housing (HPRP) and over $1.8 million in Community Development Block Grant-Recovery Act funds. ARRA funded agencies participate in planning meetings to coordinate efforts, streamline documentation, avoid duplication and work towards more efficient assistance for those in need. Work to ensure that ARRA services are coordinated have included: communication with the Veterans Affairs representatives to ensure that allocated HUD- VASH vouchers can be accessed and coordinated with HPRP assistance, and a facilitated regional information session that included the Community Service Block Grant program operated by The STOP Organization.
The Continuum of Care worked with the Regional Taskforce to End Homelessness to develop and implement similar HPRP programs in Virginia Beach and Portsmouth. CoCs and the HPRP coordinating offices also provided a regional case managers training on ARRA and mainstream resources.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?	Yes

If yes, please describe the established policies that are in currently in place.

All programs that provide housing or services to families and are receiving funding from the Continuum of Care will designate a staff person to ensure that 100% of children in the program will be enrolled in school or connected to the appropriate services within the community including HUD McKinney-Vento educational services.
Southeastern Virginia Homeless Coalition member agencies that provide services to children will meet quarterly to report on strategies used to guarantee education for homeless children.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

Housing and support services for homeless families in the Continuum of Care are provided by the YWCA, The Dwelling Place, ForKids, The Salvation Army, The Genieve Shelter, and Our House Families. Parents are advised upon shelter intake at each program that their child has the right to complete the school year at their school of origin, through McKinney-Vento. Programs have a designated staff person who coordinates services for children with the Public Schools dedicated Project Hope Liaisons. The school systems in Norfolk, Chesapeake, Virginia Beach and Portsmouth have a memorandum of agreement to provide transportation for children classified as homeless to the school of origin across city boundaries. Since ForKids began providing emergency shelter in Suffolk, Suffolk Public Schools have started providing transportation across city lines for children in ForKids shelters as well. Transportation is arranged for children within 72 hours by the home school district and the individual programs provide transportation for children until school transportation begins. Area social service agencies collaborate with the local school systems to make sure that the children of homeless families are receiving services and benefits through social services. Close collaboration with the school systems ensure education and services through referral both ways.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

The Dwelling Place, ForKids, the YWCA, and Our House Families receive a grant from the Virginia Department of Housing and Community Development for a Children¿s Services Coordinator (CSC). The goal of the CSC is to support a child service coordination referral system in homeless shelters and transitional housing programs, serving minor children. Funds are used to address the special health care, mental health and education needs of homeless children. Families are placed in shelters close to their child¿s school of origin, when beds are available. However, when beds are not available the enrolling program insures educational rights. Coordinators work with their Project Hope Liaisons to arrange transportation to the school of origin. Children¿s Services Coordinators in each program perform state mandated assessments at intake for each child to identify the need for community services and/or special education needs, and make appropriate referrals to programs including Infant and Toddler Connections, Head Start, and the public school for further testing and I.E.P. development.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

The Veterans Affairs Medical Center and the Veterans Outreach team for the region are both active members of the SVHC and actively participate on committees of the NHC, CCH and WTCCC. The VA Medical Center has a staff person who conducts discharge planning for veterans leaving the medical center, preventing homelessness for veterans leaving the medical center by ensuring appropriate housing plans prior to release. Additionally, the VA Outreach Team and the VASH Team work with the SVHC membership to access housing opportunities for homeless veterans.
Virginia Supportive Housing and The Regional Taskforce to End Homelessness are set to begin construction on the region's fourth SRO, which will be located in Chesapeake. Several beds within the 60 unit SRO have been designated for Veterans, further emphasizing the region's commitment to end homelessness among veterans.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters):

The Regional Taskforce to End Homelessness recently convened a Disconnected Youth Committee, charged with addressing the youth homeless population across the region. The committee has as its mission ¿to create housing options with supportive services for disconnected youth,¿ and is inclusive of area youth service providers: Seton Youth Shelter, Stand Up for Kids, Together We Can, ACCESS AIDS Care, and area social and human service agencies. The committee also works with Project HOPE-VA, the federal McKinney-Vento Homeless Education Assistance Act funded Virginia Education Program for Homeless Children. Project HOPE-VA works to identify unaccompanied homeless youth in Virginia Public Schools and connect them with necessary resources and support services to address their homelessness.
In August 2011 the SVHC worked with The Regional Taskforce to End Homelessness to launch a Summer Count Pilot. During the Summer Count, the Disconnected Youth Committee worked with trained volunteers to identify and engage homeless and disconnected youth across the region. The 48 hour count focused on identifying unaccompanied homeless youth at recognized hangouts and hotspots, along with youth events at The LGBT Center and Virginia Beach Pentecostal¿s, Crow¿s Nest.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?	No
Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?	Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	153	**Beds**	161	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	83	**%**	93	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	47	**%**	75	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	40	**%**	29	**%**
Decrease the number of homeless households with children.	68	**Households**	61	**Households**

Did the CoC submit an Exhibit 1 application in FY2010? Yes

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The HUD approved merger of the CoC occurred on 7/21/11; therefore the FY2011 CoC Application is the first application for the newly merged CoC. Under HUD¿s guidance, the FY2010 Proposed Numeric Achievements includes an average of the merged CoCs information as reported in each CoC¿s respective FY2010 CoC Applications. As a result, the newly merged CoC did not meet the FY2010 proposed goal to increase the percentage of homeless persons employed at exit to 40%. Although the CoC is still above HUDs benchmark of 20%, a large percentage of the homeless population is disabled and therefore unable to secure full time employment. Additionally, clients are also presenting with reduced skills, bringing about difficulties in securing ongoing and sufficient income from employment.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	83	100
2010	103	137
2011	65	161

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011. 10

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2010 and January 31, 2011.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$357,794	$10,000	$0	$0
Operations	$0	$0	$0	$0	$0
Total	$0	$357,794	$10,000	$0	$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: c+d, divided by a+b, multiplied by 100. the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	28
b. Number of participants who did not leave the project(s)	187
c. Number of participants who exited after staying 6 months or longer	28
d. Number of participants who did not exit after staying 6 months or longer	173
e. Number of participants who did not exit and were enrolled for less than 6 months	15
TOTAL PH (%)	93

Instructions:

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	181
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	136
TOTAL TH (%)	75

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 209

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	12	6	%
SSDI	9	4	%
Social Security	2	1	%
General Public Assistance	0	0	%
TANF	20	10	%
SCHIP	0	0	%
Veterans Benefits	5	2	%
Employment Income	61	29	%
Unemployment Benefits	1	0	%
Veterans Health Care	0	0	%
Medicaid	48	23	%
Food Stamps	83	40	%
Other (Please specify below)	30	14	%
WIC, Child Support, etc.			
No Financial Resources	8	4	%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted?	No

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

The NHC and CCH conduct APR reviews annually during the supplemental application review process for all renewal projects. During the supplemental application review process the committee reviews the project supplemental applications, HUD Annual Progress Report (APR) data and other written information. Each project is assessed for its impact on the community and success with accessing other mainstream programs to ensure favorable outcomes. The newly merged Continuum of Care will continue the practice of annual APR and supplemental application reviews to ensure effective outcomes and improved access to mainstream programs.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

1/14/11, 3/23/11, 3/30/11, 4/15/11, 8/11/11, 9/7/11, 9/28/11, 10/20/11

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. quarterly (once each quarter)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If "Yes", indicate for which mainstream programs HMIS completes screening.

Food Stamps, TANF, Unemployment Benefits, Veteran's Benefits, SSI, SSDI and Social Security

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

4/5/11, 4/6/11

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
Program staff assist clients in achieving service, income and housing goals by advocating on their behalf, helping clients access needed services/support in the community, teaching problem solving skills and modeling productive behaviors.	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%

Activity	Percentage
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	100%
TANF, FAMIS, Food Stamps, SSI/SSDI. General Relief, Emergency Assistance and Medicaid	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Program staff develop case plans with clients based on the client assessment, within 15 days of admission. Case plans are updated with the client as needed and take into account client progress and changing or emerging needs.	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Housing First IV	2011-10-11 17:30:...	1 Year	Norfolk Community...	130,641	Renewal Project	SHP	PH	F
Norfolk Housing F...	2011-10-09 22:03:...	1 Year	Virginia Supporti...	25,000	Renewal Project	SHP	SSO	F
Shelter Plus Care	2011-10-25 14:46:...	1 Year	Norfolk Community...	556,968	Renewal Project	S+C	TRA	U
Next Step Transit...	2011-10-07 08:46:...	1 Year	Saint Columba Ecu...	130,179	Renewal Project	SHP	TH	F
Elizabeth Place T...	2011-10-06 10:23:...	1 Year	ForKids, inc	103,804	Renewal Project	SHP	TH	F
CHAP Norfolk	2011-10-07 14:47:...	1 Year	CANDII, Inc.	348,123	Renewal Project	SHP	PH	F
Legacy Permanent ...	2011-10-06 10:49:...	1 Year	ForKids, inc	192,050	Renewal Project	SHP	PH	F
H.O.P.E. Village ...	2011-10-24 10:59:...	1 Year	The Salvation Arm...	282,604	Renewal Project	SHP	TH	F
ShelterLink Norfolk	2011-09-13 15:34:...	1 Year	The Planning Council	50,533	Renewal Project	SHP	HMIS	F
LEAP/MP Transitio...	2011-10-06 10:41:...	1 Year	ForKids, inc	367,081	Renewal Project	SHP	TH	F
Barrett Transitio...	2011-10-24 12:08:...	1 Year	Barrett Haven Inc	144,913	Renewal Project	SHP	TH	F
Norfolk Housing F...	2011-10-25 12:14:...	1 Year	Virginia Supporti...	67,007	Renewal Project	SHP	PH	F

Yemaya House	2011-10-21 13:37:...	1 Year	YWCA of South Ham...	38,516	Renewal Project	SHP	TH	F
Norfolk Housing F...	2011-10-26 16:38:...	1 Year	Virginia Supporti...	316,763	New Project	SHP	PH	P2
HOPE Village for ...	2011-10-25 08:58:...	1 Year	The Salvation Arm...	55,207	Renewal Project	SHP	TH	F
Chesapeake SPC Ex...	2011-10-25 11:57:...	1 Year	Chesapeake Commun...	11,580	Renewal Project	S+C	TRA	U
Norfolk Housing F...	2011-10-24 19:56:...	1 Year	Virginia Supporti...	330,739	Renewal Project	SHP	PH	F
Legacy Expansion ...	2011-10-26 10:19:...	1 Year	ForKids, inc	125,708	New Project	SHP	PH	F1
Reaching Up Progr...	2011-10-25 13:50:...	1 Year	Our House Families	109,798	Renewal Project	SHP	TH	F
Women In Crisis T...	2011-10-21 13:26:...	1 Year	YWCA of South Ham...	96,882	Renewal Project	SHP	TH	F
Norfolk Housing F...	2011-10-21 11:45:...	1 Year	Virginia Supporti...	69,237	Renewal Project	SHP	PH	F

Budget Summary

FPRN	$2,668,022
Permanent Housing Bonus	$316,763
SPC Renewal	$568,548
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	VA-501 Certificat...	10/26/2011

Attachment Details

Document Description: VA-501 Certification of Consistency with the Consolidated Plan